

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/577468	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5	1						55						
6	1						56						
7	1						57						
8		7		1			58						
9		7		1			59						
10		7		1			60						
11		7		1			61						
12		2					62						
13		2					63						
14	1						64						
15	1						65						
16		2					66						
17		2					67						
18	1						68						
19		1					69						
20	1						70						
21		1					71						
22		2					72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		1				TOTAL IND.						
TOTAL DEP.	44		6				TOTAL DEP.						
TOTAL CLAIMS	51		7				TOTAL CLAIMS						

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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